STATE OF ARKANSAS BOARD OF CERTIFIED COURT REPORTER EXAMINERS (BOCCRE) 625 MARSHALL STREET LITTLE ROCK, ARKANSAS 72201 501-425-5995

arboccre@arcourts.gov
(Effective January 1, 2022)

APPLICATION FOR EXAMINATION FOR CERTIFIED COURT REPORTER

PLEASE SELECT THE DATE YOU PLAN TO TEST

March 26-27, 2022 NOTE: APPLICATION, FEE, AND BACKGROUND CHECK MUST BE RECEIVED BY FEBRUARY 24, 2022 JUNE 25-26, 2022 NOTE: APPLICATION, FEE, AND BACKGROUND CHECK MUST BE RECEIVED BY MAY 26, 2022 SEPTEMBER 10-11, 2022 NOTE: APPLICATION, FEE, AND BACKGROUND CHECK MUST BE RECEIVED BY AUGUST 11, 2022 DECEMBER 10-11, 2022 NOTE: APPLICATION, FEE, AND BACKGROUND CHECK MUST BE RECEIVED BY NOVEMBER 10, 2022

CHECKLIST AND INSTRUCTIONS FOR CERTIFIED COURT REPORTER EXAM APPLICATION

The Board of Certified Court Reporter Examiners requires a certified state criminal background check from all applicants seeking certification. That background check must be dated within 12 months of the exam date.

STATE OF ARKANSAS APPLICANT:

In-state applicants shall obtain a certified background check from the Arkansas State Police and include it with the application for certification.

Applications will not be approved until a certified state background check is completed and received by the Board.

NONRESIDENT APPLICANT:

Out-of-state applicants must submit a certified background check from the state of residence from a governmental agency approved by the Board.

Applications will not be approved until a certified state background check is completed and received by the Board

APPLICATION CHECKLIST:

Application (signed and notarized)
Completed background check in compliance with above information
Use of Electronic Equipment Statement and Agreement (signed)
Photocopy of your drivers license or state ID card
Check or money order payable to BOCCRE, for application fee in the amount
of \$75 for in-state applicants or \$150 for out-of-state applicants to:

Michelle Weise Database Manager 625 Marshall Street Little Rock, Arkansas 72201

APPLICATION FOR EXAMINATION FOR CERTIFIED COURT REPORTER

PLEASE PRINT OR TYPE

Name:		
P.O. Box or S	treet Address:	
City:	State:	ZIP:
Daytime pho	ne number:	
Email addres	s:	
Method of ve	erbatim reporting:	
0	Voice Steno Machine	
Are you certi	fied in or have you reported in any oth	ner state:
0	Yes No	
If yes • • •	State: State: Type of Certification: Certificate Number: Date Certified: Currently in good standing: State: Ves Effective date: No	
	EMPLOYN	MENT HISTORY
For the previ	ous 10 years list present and past emp	oloyment, beginning with the most recent:
	EDUCATION	AND TRAINING
List highest e	ducation achieved and professional tr	aining, beginning with the most recent:

BACKGROUND INFORMATION

	 Have you ever had a professional license or certificate of any kind suspended, revoke 			
		surrendered, refused, or denied in any jurisdiction?		
			Yes	
			(Please explain)	
			No	
	•	Is ther	re any investigation pending against a professional license or certificate issued to	
		you in	any jurisdiction?	
			Yes	
			(Please explain)	
			No	
			ELIGIBILITY REQUIREMENTS	
I am:				
	•	At leas	st 18 years of age	
			Yes	
			No	
	•	Of goo	od moral character	
			Yes	
			No	
			nded "yes" to each of the foregoing statements, please explain:	
	<u> </u>	I have I have	: (please explain in detail below) OR not:	
		•	Been adjudicated or found guilty, or entered a plea of guilty to or nolo contendere to, any felony, or to any misdemeanor that reflects adversely on the applicant's honesty, trustworthiness, or fitness as a reporter in other respects, or to any crime, a necessary element of which, as determined by the statutory or common law definition of the crime, involves interference with the administration of justice, false swearing, misrepresentation, fraud, deceit, bribery extortion, misappropriation, theft, or an attempt, conspiracy or solicitation of another to commit a felony.	
Explana	ation of	f foregoi	ng response:	

PERSONAL REFERENCES

(Name) (F	Phone or Email)							
(Name) (F	Phone or Email)							
(Name) (F	Phone or Email)							
I understand that prior to receiving my certification, I must attend an orientation administered by the Board of Certified Court Reporter Examiners, which will be held in Little Rock, Arkansas, or via Zoom presentation, at the discretion of the Board.								
I swear/attest that the information contained knowledge.	in this application is true and factual to the best of my							
	Applicant signature Date							
STATE OF								
COUNTY OF								
SUBSCRIBED AND SWORN to before m	e, this day of, 20							
My Commission Expires:	Notary Public							

USE OF ELECTRONIC EQUIPMENT STATEMENT AND AGREEMENT

I UNDERSTAND AND AGREE:

If I use any type of electronic equipment during the examination, including, but not limited to, a laptop computer, digital recorder, steno machine with computer aided transcription software, I must complete, sign, and file this Electronic Equipment Statement and Agreement with the attached application for examination.

I understand that Wi-Fi shall not be used at the test site.

I understand that I will not save the exam on my computer or other equipment and I will not leave the exam site with a copy of the exam in any form, electronic or otherwise.

It is my responsibility to understand exactly how my equipment works. The Board/test proctors are not responsible for erasing the exam from my equipment. I acknowledge that a representative of the Board will watch me erase the exam from my equipment.

Other than the flash drive(s) which the Board will provide for use during the examination, I am responsible for furnishing all equipment and supplies necessary for taking this examination, including all electronic equipment, necessary cables, extension cords, and foot pedals.

I will have 3-3/4 hours to complete the transcription of three segments, with 1-1/4 hour (75) minutes allowed for each section of the dictation exam.

If any of my equipment malfunctions, I am not allowed to use or borrow equipment from other test applicants. Any equipment malfunction is my responsibility and the test proctors will not assist me in correcting or repairing the malfunction. Said malfunction may result in me being disqualified. I will be allowed 30 minutes from the start of the test to correct any malfunction. If I cannot correct or resolve the problem within this time, I will leave the test room at the conclusion of the 30-minute period.

TYPE OF ELECTRONIC EQUIPMENT I WILL BE USING:

Print name	Signature	Date	
Name of GAT software.			
Name of CAT software:			
Stenomask or steno machine:			
Regular recorder:			
Name of software:	·		
Digital recorder:	·		
Laptop computer:			